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DEPARTMENT OF THE ARMY
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WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (12 Jul 68) FOR OT RD 682081

18 July 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 93d
Evacuation Hospital, Period Ending 30 April 1968 (U)

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DA, OACSEUR
FOR OT RD, Wash D.C. 20310

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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93d Evacuation Hospital

ADJUTANT
GENERAL
JUL 23 1968

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 93D EVACUATION HOSPITAL
APO 96491

AVBJ GD-RD

5 May 1968

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 30 April 1968, RCS CSFOR-65 (R1)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ-PO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

1. Section 1. Operations: Significant Activities.

At 0345 hours on 31 January 1968 a gunship with three wounded patients arrived on the "hot pad" at the 93d Evacuation Hospital. Thus began the busiest nine days of the hospital's history since arriving at Long Binh, Vietnam in November 1965. Although there had been other mass casualty admissions of 20-40 patients including 74 battle casualties admitted in a 6½ hour period on 17 June 1967, there was nothing to compare with the 215 wounded men that were admitted and treated during the first 24 hours of this period. The first casualty was in surgery within 25 minutes of arrival and in less than one hour all seven operating room tables were functioning. During the first 24 hours, 103 major cases were performed in the operating room including 12 laparotomies, 5 artery repairs, 1 thoracotomy and one amputation. During this same period another 112 men were admitted and treated for less severe wounds. The most seriously injured patients were, following triage, x-rayed and taken immediately to the OR. Patients with moderate wounds were taken to the pre-operative area where they were given necessary resuscitative treatment, their charts were completed and they were assigned an OR priority number. Other patients including the "walking wounded" were taken to the PT Clinic for completion of charts and admission and were then taken to either the pre-operative area or the outpatient clinic for debridement of their wounds. The importance of the triage officer was again made clear during this situation. He was the focal point of the entire operation. The same general principles of triage were followed as previously reported by LTC Jack Major (93d Evacuation Hospital Newsletter, 1 July 1967 and the USARV Medical Bulletin, July-August 1967). When it became apparent that the flow of casualties would continue for a prolonged period of time, realignment of the staff was inaugurated. Non-surgical physicians staffed the Outpatient Clinic areas and performed essential functions in minor surgery, both in the OFC and in the emergency room. They also performed physical examinations, completed charts and provided resuscitative care as necessary. Another of their functions was to make daily rounds of all surgical wards, providing post-operative care and completing air evacuation charts as

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indicated by the surgeons. The surgeons were thereby completely freed to concentrate on the essentials of surgical treatment.

The Vietnamese employees of the hospital failed to report to work during this period and immediate problems of KP, removal of trash and garbage and routine housekeeping functions became significant. Increased security was also indicated by the tactical situation. To meet these impending demands, a 32 man detail was established by drawing men from each section of the hospital, with most coming from the administrative sections. The detail, under the supervision of the Unit Commander and First Sergeant, performed the required guard, KP and other fatigue duties.

Bed space was in increasingly short supply. To counteract this situation, an immediate evacuation of all transportable medical patients was ordered. The Medical ICU cleared two wings and began receiving the overflow surgical ICU patients. Two wings of the other medical ward were opened for surgical patients requiring less intensive care. The operation of all seven surgical tables continued throughout the first 36 hours of the TET Offensive. During the second day, 56 cases were performed in the OR including 7 laparotomies, 1 artery repair and 3 thoracotomies. Additional bed space requirements were met by evacuating all psychiatric inpatients and establishing a 100 bed ward in the "new," uncompleted mess hall. This new "ward" was staffed by the personnel from the 935th Medical Detachment (KO). These actions proved to be an excellent solution to two major problems. First, it provided an area in which ambulatory patients could be cared for while awaiting evacuation. Secondly, it eased the manpower shortage by completing the staffing without appropriating personnel from the hospital nursing staff which was already burdened with an unusually large number of patients, loss of enlisted personnel to the hospital detail and extra housekeeping duties required by the absence of Vietnamese employees on the wards.

Fatigue of personnel, which had not presented a problem during the first 36 hours, became a significant factor thereafter until 12 hour shifts were fully coordinated. There was a uniform resistance among all personnel to leave their assigned areas of work (including the non-professional volunteers who were assisting in administrative and other indirect patient care activities). Their enthusiasm and dedication to duty made it necessary to order individuals to obtain rest in order to establish working shifts for long term functioning under the continuing heavy workload. During the 5th through the 8th day, a total of 175 OR cases were performed. At the end of this period (0001 hours 31 Jan 68 thru 2400 hours 8 Feb 68) the 93d Evacuation Hospital had admitted 632 patients (70.2/day) and had recorded 565 dispositions (67.7/day). Over 524 patients who had been injured as a result of hostile action were triaged and treated. A total of 443 major surgical procedures had been performed including 47 laparotomies, 11 open thoracotomies and 12 vascular repairs. The Radiology Department had counted 2575 exposures on 768 patients and the Laboratory had performed 6338 procedures (total value of 13,177), cross matched 1000 units of blood and issued 580 of those units. During the entire period, the death rate remained below 2 percent.

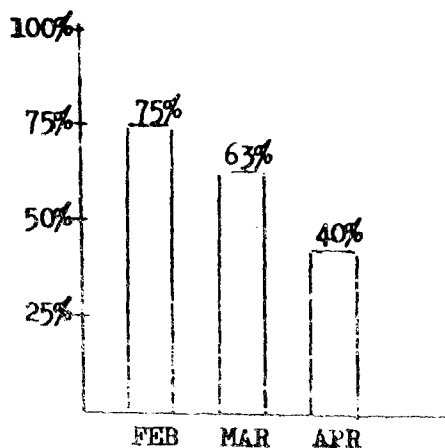
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Operations remained relatively heavy throughout the remainder of the quarter as indicated in the statistics shown in Inclosures 2 and 3. As a result of the increased activities the MEDCAP operations of the hospital virtually halted during this quarter. As the period neared an end, however, some of the old projects were resumed and plans were formulated for increasing work in this very important area. As a result of the TET Offensive, a significant improvement was completed in the physical security posture of the hospital area. Revetments, constructed of corrugated sheet metal with supporting wooden frames and filled with dirt, were erected by US Army engineers around many critical areas of the hospital. Included were the operating room, emergency room, pre-op ward, registrar, laboratory and all wards except Ward 6 which houses only ambulatory patients. The existing protective walls, made of 55 gallon drums filled with dirt which are located around the remaining buildings, were improved and engineer-constructed bunkers were erected throughout the hospital and billeting areas.

As a result of the increased operations, the order-ship time for high priority items increased significantly during the period. The large volume of supplies consumed during TET was obviously a major causative factor. The following table reflects the percentage of O2 priority requisitions filled within the RDD of 168 hours.



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Ending 30 April 1968, RCS CEFOR-65 (R1)

2. Section 2. Lessons Learned: Commanders Observations, Evaluations and Recommendations.

a. Personnel

(1) Program 5 Civilianization.

(a) OBSERVATION. The hostilities during and after the TET holidays made it impossible for the majority of Local National personnel to report for duty. The duties normally performed by Local Nationals had to be taken over by military personnel at a time when those military personnel were needed most desperately to perform duties in their technical specialties. During "mass casualty" situations, the authorized letterbearers not only perform the vital function of transporting patients from aero-medical evacuation aircraft to the triage area and then throughout the entire hospital, but also assist in patient identification, collection of patient valuables, etc. These positions would have been vacant if the Program 5 Civilianization program had been fully in effect during the recent Tet Offensive. Other personnel, who are important in their own specialized areas and also valuable as a manpower pool for additional litterbearers on an "around the clock" basis, would not have been available to the hospital.

(b) EVALUATION. It became apparent during the TET Offensive that Local National personnel cannot report for duty during periods of locally heavy hostile action. Even if some personnel had been able to report to work, the curfew limitations, language barrier and the extremely demanding physical requirements would have all but negated any positive value in their presence. The close coordination which is vital under such difficult conditions and the unusual personal demands would have required an extensive training program which is neither feasible before nor during such a crisis. The full implementation of the Program 5 Civilianization program at this hospital during the TET Offensive might well have resulted in a loss of American lives and would certainly have resulted in lowering the exceptionally high level of medical care traditionally provided patients at this hospital.

(c) RECOMMENDATION. The Program 5 Civilianization program should not be implemented in hospitals in this command.

(2) Administrative Separation of Mentally Defective EM and Severely Disturbed EM with Character and Behavior Disorders.

(a) OBSERVATION. During the past seven months, experience at the Neuropsychiatric Center for III and IV Corps Tactical Zones has revealed that EM from divisions and other tactical units who have been recommended for separation

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UP AR 635-212 because of mental deficiency or character and behavior disorders are frequently seen again in our outpatient clinic and psychiatric ward for reevaluation or readmission, often for multiple visits over a period of several months following the original determination that they were mentally deficient or severely disturbed people with character and behavior disorders.

(b) EVALUATION. Although the commander is usually wholeheartedly in favor of administrative separation of these individuals, his expeditious processing of their separation is usually precluded by such factors as overriding tactical responsibilities, dispersal of combat units which adds physical obstacles to the convening of boards and the loss of administrative personnel through the attrition of annual rotation. Moreover, these individuals are so marginally adjusted that without continuous professional supervision - and frequently tranquilizing medication - they are apt to be involved in a series of accidents, unmanageable behavioral outbursts, offenses against the UCMJ and transient psychotic episodes requiring hospitalization, all of which delay and often preclude administrative separation, as well as being expensive and injurious to the individual in the service.

Current policies, however, require that they be returned to their unit for administrative separation, even when that unit is a rifle company with a tactical mission where weapons are readily available to emotionally disturbed men, and where the professional resources required for their management are lacking. As a result, they bounce back and forth between the unit, the hospital and the stockade for months, generating trouble and administrative work out of proportion to their small number.

(c) RECOMMENDATION. When an EM from a division or other tactical unit is considered, by a medical board convened at the Neuropsychiatric Center for III and IV Corps Tactical Zones, to be so disturbed or marginally adjusted as to constitute a danger to himself or others because of mental deficiency or a character and behavior disorder, and to require professional supervision during the separation processing required by AR 635-212, he should be transferred to a designated local unit for expeditious administrative processing and be kept physically on the psychiatric ward for management until the day he is scheduled to depart from the 90th Replacement Battalion for CONUS. It is believed that Para 7, c, (2), AR 635-212 can be construed to support this procedure.

b. Operations

(1) Aeromedical Evacuation of Patients

(a) OBSERVATION. During this report period, difficulty has been experienced in moving patients to the 21st Casualty Staging Flight, Tan Son Nhut AFB for further evacuation out-of-country. Previously, the C-47, "Chinook" aircraft was utilized in this capacity. However, this method was discontinued and movement of patients is now being accomplished by UH-1D, "Huey" aircraft provided by the 45th Air Ambulance Company.

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SUBJECT: Operational Report of 93d Evacuation Hospital for Period
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(b) EVALUATION. In the past, the use of the CH-47 "Chinook" aircraft enabled this facility to move large numbers of patients on a daily basis in an expedient, smooth and effective manner. With the elimination of this procedure, greater effort and coordination on the part of the air-evac section of this hospital is required. Medical regulating channels have also been affected due to the additional work load placed on the aircraft at their disposal. Scheduling of flights has become more complex due to the load limitations of the smaller aircraft. On occasion, patients are forced to remain in the patient holding area of this facility waiting for additional flights to the same destination. This produces unnecessary congestion in the A&D section and emergency room.

(c) RECOMMENDATION. The CH-47 "Chinook" aircraft should be utilized whenever possible for the routine movement of patients being transferred from this facility to the 21st Casualty Staging Flight, Tan Son Nhut AFB. The establishment of this policy to accomplish this daily, routine mission would alleviate much of the burden now being placed on this facility and the 45th Air Ambulance Company which provides this support. This method would also afford greater patient comfort and provide a much more efficient accomplishment of this important mission.

c. Training. None

d. Intelligence. None

e. Logistics. None

f. Organization. None

g. Other.

(1) Topical Ophthalmic Ointments

(a) OBSERVATION. A significant number of patients referred to the Ophthalmology Clinic at this hospital have been previously treated with antibiotic ointments containing steroids. This practice could have serious consequences in patients with corneal ulcers or herpetic keratitis. Other patients seen in the Ophthalmology Clinic have been treated with topical anesthetics for the relief of eye pain which was secondary to a corneal abrasion. This treatment retards healing and often obscures the development of a corneal ulcer.

(b) EVALUATION. The indiscriminate use of topical steroids and anesthetics in the treatment of ophthalmologic conditions should be avoided. Patients who require treatment with topical steroids or those who have unexplained eye pain should be referred on an emergency basis to an ophthalmologist prior to administration of any treatment.

(c) RECOMMENDATION. Significant ophthalmologic conditions should be referred to an Ophthalmologist on an emergency basis and the indiscriminate use of topical ophthalmic steroids as local anesthetics should be discouraged.

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AVBJ GD-ED

5 May 1968

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 30 April 1968, HCS CSFOR-65 (H1)

(2) Long Term Followup of Segmental Renal Resection

(a) OBSERVATION. The policy of preservation of renal tissue by the use of segmental resection in renal injuries, when possible, has been practiced at this hospital. There have been no complications resulting from this technique but the long term results of this surgical procedure are not known.

(b) EVALUATION. Long term followup studies of patients undergoing segmental renal resection for trauma would provide the data necessary to determine the overall value of this procedure in conserving viable renal tissue.

(c) RECOMMENDATION. Long term followup studies of patients undergoing segmental renal resection for trauma are indicated to determine the overall value of this procedure in conserving viable renal tissue.

(3) Routine Surgical Procedures for Personnel Newly Arrived from CONUS.

(a) OBSERVATION. A significant number of personnel are arriving in the Republic of Vietnam with correctable surgical conditions such as hernias, gall bladder diseases, pilonidal cysts and hemorrhoids. In many instances these personnel are advised, following their levy for Vietnam, to delay surgery until arrival in this country.

(b) EVALUATION. The large amount of elective surgery generated in these instances places an unnecessary burden on the hospital staffs and facilities which are often quite taxed caring for the battle casualties and injuries. The performance of these procedures also remove these personnel from duty for several weeks, thus shortening their period of effectiveness in an already short tour area.

(c) RECOMMENDATION. Elective surgical procedures should be performed on personnel on levy to Vietnam before they arrive in this command.

Jackson K. Walker

JACKSON K. WALKER
LTC, MC
Commanding

3 Incl

1. Organizational Chart
2. Registrar Statistics
3. Outpatient Statistics

||
AVBJ GD-FO (5 May 68) 1st Ld
SUBJECT: Operational Report of 93d Evacuation Hospital for Period Ending
30 April 1968, RCS CSFOR-65 (RI)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

10 May 1968

THRU: Commanding General, 44th Medical Brigade, ATTN: AVBJ FO, APO 96384

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D.C. 20310

1. This headquarters has reviewed the Operational Report for the period ending 30 April 1968 from Headquarters, 93d Evacuation Hospital.
2. Concur in all recommendations, pages 4 thru 7.

Leonard Maldonado
LEONARD MALDONADO
Colonel, Medical Corps
Commanding

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AVB-PO (5 May 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
30 April 1968 (ACS CSFOR-65) (RI) (93d Evacuation Hospital)

HEADQUARTERS, 44th Medical Brigade APO 96384 28 May 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of the basic report are submitted:


a. Reference paragraph 2a (1). Concur. This headquarters has recommended to higher headquarters that this program is not feasible for many of the reasons listed in the basic report. However, the program is scheduled to begin in June 1968.

b. Reference paragraph 2a (2). This recommendation concerns a technical professional matter and should be considered by appropriate consultants to the USAFV Surgeon and The Surgeon General.

c. Reference paragraph 2b (1). Concur. This headquarters, in coordination with the 903d Aeromedical Evacuation Squadron, has arranged a daily scheduled flight utilizing fixed wing aircraft for the purpose of transporting patients to the casualty staging facility at Tan San Nhut and the 6th Convalescent Center.

d. Reference paragraphs 2g (1), (2) and (3). These recommendations concern technical professional matters and should be considered by appropriate consultants to the USAFV Surgeon and the Surgeon General.

TEL: 151 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

cc: 93d Evacuation Hospital

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AVHGC-DST (5 May 68) 3d Ind

CPT Arnold/raf/LBN 4485

SUBJECT: Operational Report of 93d Evacuation Hospital for Period Ending
30 April 1968, RCS CSFOR-65 (R1)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375

16 JUN 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOD-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1968 from Headquarters, 93d Evacuation Hospital as indorsed.

2. Comments follow:


a. Reference item concerning administrative separation of EM, page 4, paragraph 2a(2). Non-concur. When members who appear unsuitable for service because of their habits or mental ability are considered purely as individuals with internal problems, then the apparently expeditious disposition appears to be for command and medical staff to identify the individuals and for the medical corps to keep them pacified on a non-duty status until the paper work is accomplished. It would not appear profitable to have the medical corps assume the care of these individuals while they were being processed. Medical Corps members may profitably act in the capacity of staff advisors participating with command in setting up a monitoring system for their particular region which can facilitate dispositions.

b. Reference item concerning topical ophthalmic ointments, page 6, paragraph 2g(1): Concur. A policy letter is being prepared by the Surgeon's Office which will be disseminated to all medical units and Command Surgeons.

c. Reference item concerning long term follow-up of segmental renal resection, page 7, paragraph 2g(2): Concur. This information will be disseminated by the Surgical Consultant on his professional liaison visits.

d. Reference item concerning routine surgical procedures, page 7, paragraph 2g(3): Concur. This is a matter that should be considered by appropriate consultants to The Surgeon General.

FOR THE COMMANDER:


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

Copies furnished:
HQ, 93d Evac Hosp
HQ, 44th Med Bde

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GPOP-DT (5 May 68) 4th Ind
SUBJECT: Operational Report of HQ, 93d Evacuation
Hosp, for Period Ending 30 Apr 68, RCS CSFOR-65
(R1)

HQ, US Army, Pacific, APO San Francisco 96558 28 JUN 1968

TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D.C. 20310

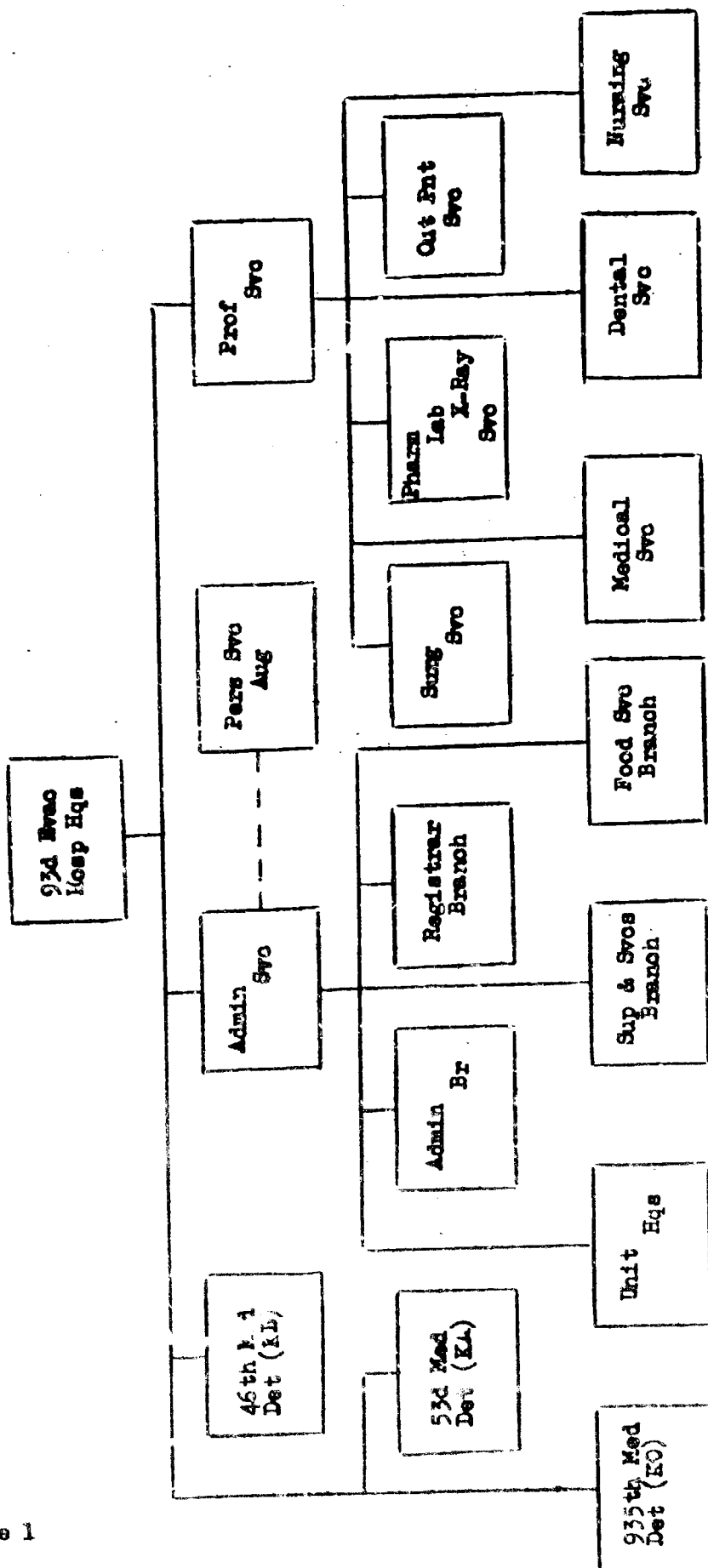
This headquarters has evaluated subject report and forwarding indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN
MAJ. AGC
Asst AG

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Inclosure 1

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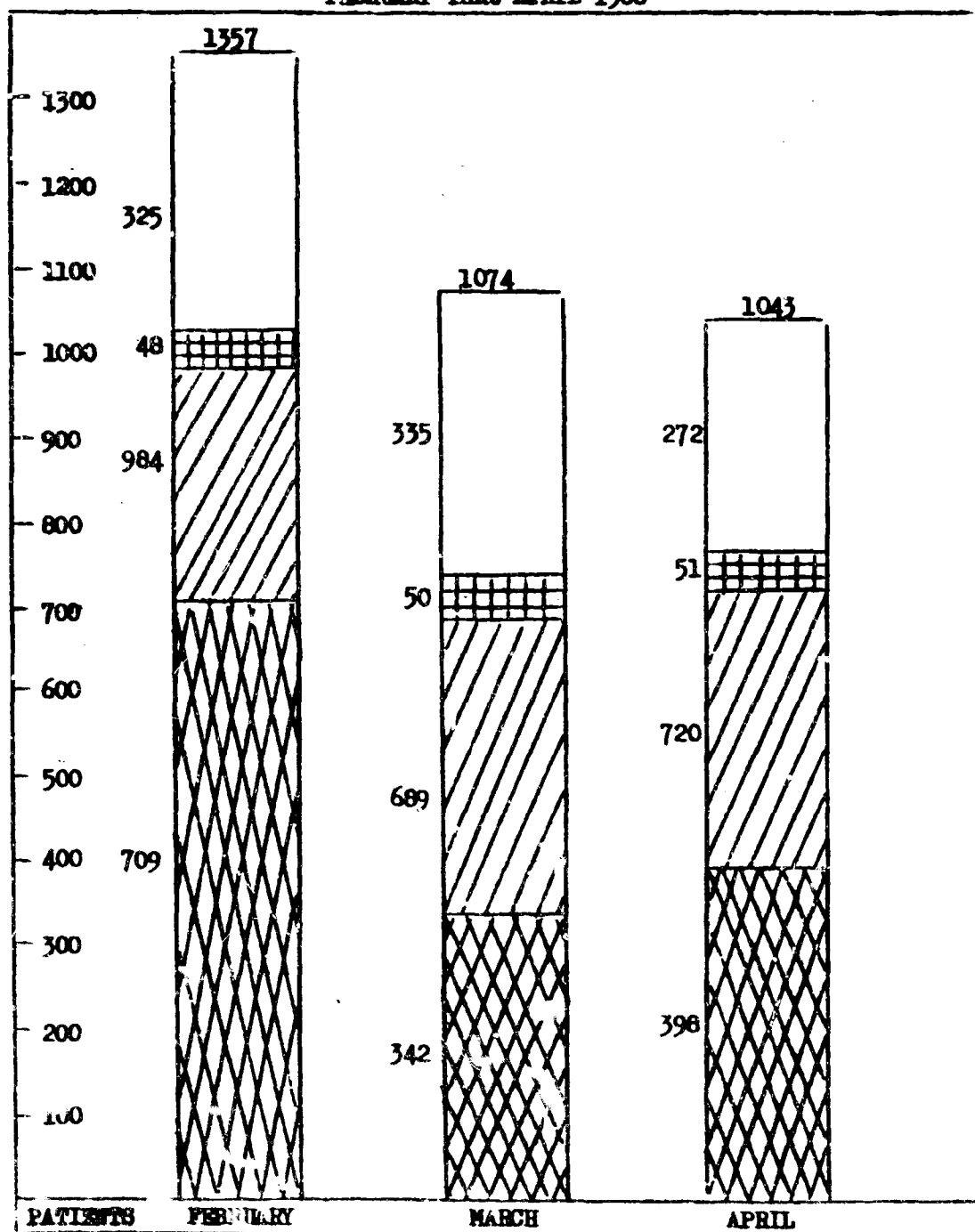
REGISTRAR FIGURES FOR THE QUARTER ENDING 30 APRIL 1968

	FEBRUARY	MARCH	APRIL	TOTAL
DIRECT ADMISSIONS	1151	1034	1005	3190
TRANSFER ADMISSIONS	206	40	38	284
TOTAL ADMISSIONS	1357	1074	1043	3474
DISPOSITIONS TO DUTY	553	520	460	1533
DISPOSITIONS BY TRANSFER	819	550	593	1962
TOTAL DISPOSITIONS	1372	1070	1053	3495
TRANSFERS TO:				
IN COUNTRY	286	226	255	767
PACOM	522	303	324	1149
CONUS	11	21	14	46
TOTAL	819	550	593	1962
HOSPITAL DEATHS	24	17	17	58
AVERAGE PATIENT STAY:				
PATIENTS TO DUTY	5.3	6.6	6.5	6.1
EVACUATED PATIENTS	4.2	6.3	6.7	5.6
AVERAGE BEDS OCCUPIED	254	227	213	231

Inclosure 2

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CATEGORIZATION OF PATIENT
ADMISSIONS
93D EVACUATION HOSPITAL
FEBRUARY THRU APRIL 1968



SOURCE: REGISTRAR



Pharmacy Statistics Prescriptions filled	Inpatient	Outpatient	Total
FEBRUARY	8,739	942	9,681
MARCH	5,826	1,242	7,068
APRIL	6,098	1,106	7,204
TOTALS	20,663	3,290	23,953

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Laboratory Statistics	FEBRUARY	MARCH	APRIL	TOTALS
Laboratory Procedures	14,468	15,290	13,379	43,137
Point Value	29,929	33,840	29,036	92,805

X-ray Statistics		Inpatient	Outpatient	Total
FEBRUARY	Patient	639	1,645	2,284
	Exposure	2,052	5,530	7,582
	Fluoroscopy	12	27	39
MARCH	Patient	527	1,669	2,296
	Exposure	2,120	6,537	8,657
	Fluoroscopy	37	28	65
APRIL	Patient	709	1,894	2,603
	Exposure	2,771	7,665	10,442
	Fluoroscopy	68	40	108
TOTAL	Patient	1,975	5,208	7,183
	Exposure	6,949	19,732	26,681
	Fluoroscopy	117	95	212

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OUTPATIENT STATISTICS	FEBRUARY	MARCH	APRIL
DISPENSARY	61	72	96
SURGICAL CLINIC	Now combined with the emergency room		
MEDICAL CLINIC	340	400	500
DENTAL CLINIC	426	548	353
EU CLINIC	163	190	141
OPHTHALMOLOGY CLINIC	185	254	237
ORTHOPEDIC CLINIC	429	669	839
ENT CLINIC	0	0	0
PHYSICAL THERAPY CLINIC	434	430	480
NP CLINIC	713	1,082	1,311
EMERGENCY ROOM	1,857	1,599	1,652
TOTAL VISITS	4,608	5,244	5,609

ANCILLARY ACTIVITIES (NOT INCLUDED ABOVE)	FEBRUARY	MARCH	APRIL
IMMUNIZATIONS	389	229	320
EKG'S	233	335	332
SKIN TESTS	0	0	0
AUDIOGRAMS	238	274	267
SPECTACLES ORDERED	779	769	500
SPECTACLES REPAIRED	248	250	210
REFRACTIONS	475	406	402
PARTIAL PHYSICAL EXAMS	213	254	255

Inclosure 3

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